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THE
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER:

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MEDICINE AND SURGERY.


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
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THE AMERICAN PRACTITIONER.

MARCH, 1872.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

PULMONARY CONSUMPTION.

BY R. B. MAURY, M. D.

Professor of the Theory and Practice of Medicine, Memphis Medical College.

READ BEFORE THE CLINICAL SOCIETY OF MEMPHIS.

From the days of Laennec until the present time the idea has prevailed that consumption in all its forms is dependent upon the deposit of tubercle in the lungs. Tubercle has been regarded as a neoplasm, or new formation of peculiar character, analogous to cancer or sarcoma. It has been customary to describe tubercle as occurring under two distinct forms—viz., tubercular infiltration and tubercular granulations. It is infiltrated tubercle especially which constitutes the anatomical lesion of chronic pulmonary consumption; it is tubercular granulations, or disseminated tubercle, which characterizes acute miliary tuberculosis.

Quite recently very different views have been advanced upon these points by eminent pathologists, and now the whole subject of tuberculosis seems to be undergoing reëxamination by the profession.

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In discussing the subject my object will be to show what light may be thrown upon it by the study, first, of the anatomy of tubercle; and second, of its clinical history.

At first sight it might seem that the disputed points could be easily settled by an appeal to the morbid anatomy of consumption; that the microscope, in the hands of competent observers, would place before us exact information in regard to the structure of tubercle; and that pathologists could agree without difficulty as to the nature of this product. But unfortunately such is not the fact. Pathologists differ, and there is almost as much confusion to-day in their views as to the nature of tubercle as there was when Rokitansky and Lebert first brought the subject within the range of the microscope.

It is with a view then of ascertaining exactly what tubercle is anatomically that I commence the discussion. I have no original investigations in pathology of my own to report, and in quoting the views of others I shall do so as briefly as possible.

In 1846 Rokitansky published his *Pathological Anatomy*, in which he described the characters of *Simple Fibrinous Tubercle* and *Albuminous Tubercle*. He applied the term fibrinous to miliary tubercles, the gray, semi-transparent granulations of Laennec, which are found sometimes in the texture of organs, and at others are deposited on the surface of serous membranes as products of inflammation. Under the microscope this variety presents the following components: 1. A basement mass or blastema; 2. Certain embryonic form elements. These last are (*a*) elementary granules of various magnitude; (*b*) spherical and oblong nuclei; (*c*) nucleated cells, few in number; these nuclei and cells often being misshapen, rudimental, and stunted.

Albuminous tubercle was a term applied by Rokitansky to the products of acute tuberculosis—to the miliary granulations disseminated through the parenchyma of the lungs. Microscopic examination of these tubercles reveals—1. The

ordinary nucleated exudate cell; 2. Cells with two or three nuclei; 3. Cells with filial cell-formation. This tubercle "exudes always in great abundance under the symptoms of hyperæmia." These two varieties are anatomically one and the same, and Rokitansky, while describing them separately, mentions the following analogies as existing between them: (a) Both are rarely the primitive tuberculosis in an organism; (b) both are thrown out under manifestations of hyperæmia; (c) with both there is effused a sero-albuminous fluid; (d) both affect the same organs and sections of organs. He regards tubercle as an exudate from the vascular system, and declares that it is frequently thrown out in the sequel of inflammation.

This description, faithful and minute as it is, fails to invest tubercle with distinctive anatomical characters.

In 1849 Lebert published his *Traité pratique des Maladies Scrofuleuses et Tuberculeuses*, in which is given the result of his microscopic observations. He described the tubercle corpuscles as "formations which correspond with none of the known organic forms, and are neither cells nor nuclei, nor anything else of an analogous nature; but are in the form of little roundish, solid corpuscles, which frequently have particles of fat scattered through them." (Cellular Pathology, page 518.) He considered this corpuscle to be as characteristic of tubercle as the cancer-cell is of the different forms of carcinoma. He declared that it differed from every known physiological or pathological product; thus making it the only exception, if exception it really was, to that great law, which is now generally admitted to be true, "that every pathological structure has a physiological prototype." It should also be observed that roundish, solid corpuscles are, properly speaking, not organic forms, and do not accord with our notions of a neoplasm.

These views of Lebert in regard to the anatomical characters of tubercle have prevailed in France to within a very

recent period, although Virchow and Reinhardt had shown, as far back as 1847, that the so-called tubercle corpuscle was nothing more than a shriveled cell of pus; and that the masses of so-called infiltrated tubercle from which it was obtained were only the products of a simple inflammation, which, in parting with their saline, watery, and albuminous constituents, had undergone a cheesy metamorphosis.

Mr. Paget, in his *Surgical Pathology*, published in 1855, has also given an account of the microscopic appearances of tubercle. This account agrees in the main with that of Rokitsky, and differs from it in no material points.

Going out of the chronological order, I will next quote Dr. Beale, who says, in *The Microscope in Practical Medicine*, edition of 1866, that "tubercle is seen to consist of a great number of small particles, for the most part of an oval form. They vary somewhat in size and form, are evidently solid, and have a granular appearance. The great majority of them contain nothing like a nucleus. They have been described as free nuclei, but I have never been able to satisfy myself that this view of their nature is correct." To these he also applies the name of "tubercle corpuscles," and says that "they can not be regarded as the essential characteristic elements of this substance (tubercle), for they are not always to be made out in structures which are evidently tuberculous." Beale really fails to tell what tubercle is; and, according to his description, the "tubercle corpuscle" is, as Lebert declared it, without a physiological prototype. It is a pathological nondescript.

The view of this author in regard to the origin of tubercle is, however, interesting, especially when taken in connection with Cohnheim's subsequent experiments, which demonstrated the emigration of white blood-cells. He (Beale) says "it is probable that tubercle results either from the multiplication of masses of germinal matter which have passed through the capillary walls from the blood, or that it is developed from

the masses of the germinal matter, usually termed nuclei, in connection with the capillary walls;" thus, it would seem, ascribing to tubercle the same sources from which we now believe pus originates. It is certainly remarkable that so expert a microscopist as Beale should be unable to assign distinctive anatomical characters to tubercle if it were really possessed of any.

Let us now turn to Cellular Pathology, and see what Virchow makes of tubercle. Here we find a step in advance, and some of that confusion removed in which the subject has been involved.

According to Virchow, tubercle is presented under one form, and but one. Of this we may take as a type the gray miliary granulations observed in the arachnoid in tubercular meningitis; the tubercular infiltration of Laennec, and of those who followed him, being nothing more than pus which has undergone the cheesy transformation. It is this material which furnishes the tubercle corpuscles, and these corpuscles are really shriveled pus-cells.

Let us study the microscopical characters of miliary tubercle as given by the same author. Upon the examination of a tubercle granule, we see "either very small cells, with a single nucleus, or larger cells, with a manifold division of the nucleus. If you compare the cells, which are the real constituents of the tubercle granule, with the normal tissues of the body, you will remark the most complete correspondence between them and the corpuscles of the lymphatic glands."

Now, here we have the first, and, I believe, only well-defined idea conveyed of the anatomical characters of tubercle, not by language only, but also by a drawing, in which tubercle is presented, as observed, under a magnifying power of three hundred diameters. From this description we are led to understand, first, that tubercle really consists of nucleated cells; second, that there is the most complete correspondence between these cells and the corpuscles of the lymphatic glands.

We quote the following from Cellular Pathology: "The best micrographer perhaps that France possesses—Robin—has in his examinations of cases of tubercular meningitis deemed it impossible to regard the little granules in the arachnoid, which everybody looks upon as tubercles, as being really tubercles; because the dogma now prevails in France that tubercle consists of solid non-cellular corpuscles, and in the tubercles of the cerebral membrane cells in a state of perfect preservation are met with." It will be inferred from this that Robin also admits the existence of nucleated cells in what the world believes to be miliary tubercle.

I am inclined to believe that Virchow has unraveled the mystery which has so long hung around the anatomy of tubercle, that he has pointed out its distinctive features. And to what does it all amount? It seems to me that its true nature is to be found in "the most complete correspondence" which exists "between it and the corpuscles of the lymphatic glands." It will be remembered that "the colorless blood corpuscles come from the chyle, and may therefore also be called chyle or lymph corpuscles of the blood." (Kolliker.) Cohnheim, Stricker, and others have demonstrated the emigration of these colorless blood corpuscles as one of the sources of pus in inflammation. Pus-cells thus emigrating from the blood channels are in no respect different from pus-cells which have arisen by proliferation of connective tissue corpuscles.

The anatomical identity of lymphatic-gland cells, chyle corpuscles, white blood-cells, and pus-cells is thus established; and this is not at all a matter of theory, for we have the authority of Beale for saying that "cells are found in the lymph, in the blood, in the lymphatic glands, in the serous fluid of certain cysts, and in many other situations which in their size, form, and general appearance so much resemble the globules found in true pus that it is quite impossible to assign characters by which they may be distinguished. The

figures of these cells, as they appeared before and after treatment by acetic acid, often could not be distinguished from the figures of pus-cells treated in a similar manner."

Indeed, Virchow might with equal propriety and truth, in speaking of tubercle-cells, have said: "You will observe the most complete correspondence between them and pus-cells," pus-cells and lymphatic-gland cells being convertible terms.

Now, when Virchow declares that the deposits found within the air-cells in tuberculosis are catarrhal or inflammatory products, while Villemin and Lebert declare that they are genuine tubercles, and not at all distinguishable from the tubercles found outside the air-cells, we may well express the doubt whether there is any real difference between pus-cells and tubercle-cells. Indeed it does not seem at all likely that the microscopists are going to answer for us the question, What is tubercle?

If I am correct in the conclusion that the tubercle-cell and the pus-cell are anatomically in nowise different, let us see if there are not other reasons also for believing them to be one and the same structure.

If the situation of these cells in tubercular meningitis be examined, we are struck by the fact that the connective tissue which composes the outer coat of the blood-vessels is the part most actively engaged in their production. Pathologists tell us it is in this very connective tissue that pus-cells are developed in ordinary inflammations, either by proliferation of its corpuscles or by a wandering into it of blood-cells from the capillary vessels. We are also told that in so-called tubercular disease of the lymphatic glands it is impossible to distinguish the tubercle-cell from those which result from proliferation of the normal gland cells under the influence of inflammation.

In Villemin's "*Observations on Tuberculosis*," published in 1868, we are told that no anatomical distinction whatever can be made between the scrofulous and tubercular gland,

the one presenting a proliferation of cells from simple irritation, the other tubercle cells, so-called; Villemin himself believing that scrofulous inflammation and the tubercular process are entirely distinct.

A reference to Lebert's late "Contributions to Experimental Pathology," published in 1867 (British and Foreign Medico-Chirurgical Review, July, 1868), shows that he now believes there is no such thing as a tubercle; that as a supposed neoplasm it does not differ at all from the products of inflammation, and that the miliary granulation, be it found in the lungs, pleura, or arachnoid, is nothing more than a metastatic deposit, which results from a preëxisting inflammation in some other locality.

Lastly, I would invite attention to this fact, that tubercle, if it be a neoplasm at all, is unlike all other neoplasms in having no blood-supply provided for its nutrition. It is a non-vascular product which soon dies, indeed dies at once, for the reason that no provision is made for its maintenance. No new vessels are ever found running into a tuberculous mass, and those vessels which once existed in the midst of tissues in which tubercle is formed are soon obliterated by the pressure of crowded cells.

Now, it is not a part of the plan of nature to originate neoplasms, benign or malignant, animal or vegetable, without providing some adequate means for their growth and maintenance; and it is for the reason that no such means are provided in the case of tubercle that we find every writer alluding to its abortiveness or early tendency to degenerate.

In the presence of these facts I express the conviction that tubercle can not properly be considered a neoplasm possessed of peculiar anatomical features, and classed with cancer, sarcoma, and other acknowledged neoplasms.

[NOTE.—Since the above was written the third volume of Reynolds's System of Medicine has been published, in which is an article on chronic pneumonia by Dr. Wilson

Fox. According to him, tubercle consists in a multiplication of cells and nuclei in dense masses, and on page 766 there is a figure in which tubercle-cells are represented. These cells are excellent representations of pus-cells.]

I now propose to briefly examine the clinical history of tubercle, in order to see what light is thrown by it upon the nature of this product.

Setting out with the assumption of Laennec, that consumption is tuberculosis, we admit its appearance under two forms, the acute and chronic. Our attention has been called by Niemeyer especially to two forms under which chronic consumption is presented, and these I will proceed to illustrate.

1. An individual in the midst of good health contracts what we all understand as a bronchial catarrh. The acute symptoms subside, and the patient is left with a more or less troublesome cough, which is attended with a mucous expectoration. Weeks pass by, and the cough continues; it may be under the influence of fresh exposure, or it may be in consequence of that prolonged irritation of the bronchial mucous membrane, which is incidental to the pursuit of such occupations as those of the needle-grinder, stone-mason, and miller. And even in the absence of such irritation it is no uncommon thing to observe that men whose physical powers are overtaxed by business pursuits, when they contract a cold, find it very difficult to shake off the disease, and the cough becomes established. At length the symptoms change. The cough, which before was not very troublesome, now becomes harassing; the appetite fails, the strength declines, the patient begins to emaciate, and perhaps hæmoptysis occurs. The physician, being now called, discovers a too frequent pulse, an exalted temperature, and very soon those physical signs which denote structural changes in the pulmonary parenchyma.

For a period of nearly two years I have been earnestly studying this subject under the guidance of Niemeyer's teach-

ings, and can attest from a very considerable experience the entire truth of the above description. The symptoms which characterize and which invariably denote the invasion of supposed tubercular disease are the rise of pulse and the elevation of temperature. Up to this point there has been nothing appreciable but a catarrh of the respiratory mucous membranes, and with the exception of his cough and slight expectoration the patient has been in his usual health.

In regard to the elevation of temperature and the rise of pulse which are said to denote invariably tubercular invasion, I may add that I believe it to be a rule which has no exceptions. Out of thirty cases which I have carefully observed with reference to this point I have not met with a single exception.

2. In order to illustrate Niemeyer's second clinical form of phthisis, I will read the following case from my note-book: H. L., aged thirty-three years; height, five feet eleven inches; weight, one hundred and fifty pounds; family entirely free from consumptive record. Previous to a falling off in health, Mr. L. had for twelve months been much overworked and harassed by business troubles of a peculiar nature. The approach of disease was insidious. He complained first of an indisposition for business, and of a feeling of lassitude, with aching pains in the neck and shoulders. He lost appetite and weight appreciably. His family physician, being consulted, made light of his complaints, and recommended a liniment. His symptoms grew worse. He soon began to have a slight dry and hacking cough. He was feverish and emaciated quite rapidly. These symptoms came on without apparent cause. There was no exposure, and no history of a catarrhal attack. Several times slight hæmoptysis occurred, never exceeding at one time a tea-spoonful or two of pure blood. He declined steadily in flesh and strength. In this condition he came to me for an opinion on July 5, 1870. He stated emphatically that though he had had fevers, they had

been broken up under the use of quinine, and that he was then entirely free of them. I mention this circumstance because it so often happens that patients deny ever having had fever in this disease, when a trial of the thermometer has invariably revealed an elevated temperature, as it did in the present case. Examined at ten A. M., his pulse was 92, and the axillary temperature 101° F. Physical exploration disclosed a very slight but an appreciable deviation from the normal standard. Percussion resonance was diminished over left apex anteriorly. Over the same region there was feeble respiration, and at end of inspiration dry crepitus.

The nature of the disease being explained to the patient, he was advised to quit business and spend the summer in some quiet country place in the North or West. He immediately complied with my instructions, and went to visit some friends on Lake Erie. Afterward he spent a short time in Minnesota. In the fall he returned to business in good health.

[NOTE.—On the 20th of January, 1871, I had an opportunity of carefully reëxamining this gentleman. His pulse had returned to the normal standard, and the temperature likewise. Nutrition was good, and he had entirely recovered his weight and strength. No physical signs of disease were appreciable, and the only remnant left of his former complaint was a slight, occasional cough, with mucous expectoration. This patient passed safely through the winter, and up to the present time (December, 1871) has continued in excellent health, and is able to discharge as well as ever the duties of an active business.]

Now, the history which I have here presented would, according to Niemeyer, have justified us in the diagnosis of a genuine tuberculous consumption, the lesion being a deposit of miliary granulations upon the surface of the bronchial mucous membrane, which rapidly extends into the bron-

chioles and air-cells; a condition the sole termination of which is death; a disease which seldom lasts more than a few months.

Out of the thirty cases alluded to, this one alone presented such a history. Its features were so entirely in accordance with Niemeyer's description of genuine tuberculous invasion of the bronchial mucous membrane that it was observed and followed up with the greatest interest. The sequel shows that the lesion in this case must have been a very different one from that which his teachings indicate.

I have appealed to the clinical history of tubercle with the view of calling attention to the following facts:

1. That the commencement of so-called tubercular deposit is invariably marked by fever, or a rise of the axillary temperature above 99° F.

2. That entire restoration to health in these cases is not uncommon; a fact which I have not here proved, but one which is well established by general experience.

Now, if tubercle be a neoplasm, its clinical history is unlike that of any other neoplasm with which we are acquainted. When cancerous growths or sarcomatous growths, or any neoplastic formations whatever, make their appearance in the parenchyma of organs or the superficial tissues, the thermometer records no elevation of temperature as a rule. In tuberculosis, acute or chronic, there is always a rise of temperature above the normal standard. Again, it is very rare, if it ever happens, that genuine neoplasms, benign or malignant, once established in the tissues, undergo spontaneous removal. It is not uncommon for tubercle, so-called (in the infiltrated form of Laennec), to present the history of spontaneous removal, and to leave no traces of its former existence there, unless it be a puckered cicatrix or a cheesy nodule.

The clinical history of chronic tuberculosis, as we have been in the habit of calling it, sustains the idea of an inflam-

matory process from beginning to end, but is not intelligible at all if we suppose its pathology to consist in the development of a neoplasm.

Now, it has been asked, what good is to be derived from this change in our views of the pathology of consumption; what advantage is to be obtained from the recognition of its dependence upon an inflammatory process? I answer, much good every way. In the first place, it puts us in the way of adopting a rational prophylaxis. It suggests the importance of educating people generally, and especially those who seem prone to pulmonary disease, to avoid improper exposure and to guard the health. Nearly all the cases which have come under my observation date their pulmonary troubles from and ascribe them to exposure and catarrhs. I agree with Niemeyer decidedly that the popular belief upon this subject is correct. Indeed I do not consider it a debatable question. Most of the cases of consumption we meet with are the result of neglected colds.

It seems to me that the treatment adopted by all, by the opponents of these views as well as by their advocates—viz., recommending a life in the open air—demonstrates the correctness of this pathology. The benefits of such a life are that it lessens the susceptibility to catarrhal affections by developing the physical powers, and favors the removal of existing inflammations.

There is another good to be derived from the recognition of the fact that the structural changes in the lung in this disease are inflammatory. It has been customary, and still is, even with many of the most intelligent and best informed members of our profession, to feel that it is useless to attempt any rational therapeutics in these cases. The prevailing idea is that the lungs are the seat of a neoplastic deposit; that the structural changes are beyond the reach of art, just as those in cancer are; that the case is hopeless, and the result merely a question of time. The patient is generally dismissed, with the

advice to take whisky and cod-liver oil, when oftentimes there is marked pyrexia; when stimulants are likely to aggravate existing troubles, and when the digestive organs are entirely unable to assimilate oily food. Valuable time at the commencement is thus lost, the disease progresses unchecked, and serious injury is soon done the lung.

In this connection I will simply say that I have repeatedly verified the experience of Niemeyer in regard to the good effect of absolute rest, counter-irritants to the chest, the administration of Heim's pill, the avoidance of stimulants, and the use of such food as is easily digested. Under this treatment the fever subsides, the cough lessens, and digestion is improved. Stimulants, nutriment, and exercise, with change from sedentary to active life, may then very properly be recommended.

MEMPHIS, TENN.

ON THE TREATMENT OF HEMORRHOIDS IN PREGNANT AND PUERPERAL WOMEN.

BY FORDYCE BARKER, M. D.,

Professor of Clinical Midwifery and Diseases of Women in the Bellevue Hospital Medical College, Obstetric Physician to Bellevue Hospital, etc.

While all who are engaged largely in obstetric practice must have encountered a great deal of suffering from hemorrhoids in pregnant and puerperal women, the young practitioner, who consults his books for directions as regards the management and treatment of this painful affection, will find in his text-books on midwifery and diseases of women only the most meager and unsatisfactory allusions to it. Many of these works make no allusion to this subject, and in those which do refer to it, including the special work on the Signs and Diseases of Pregnancy, by the late Dr. Tanner, not more

than a page is devoted to this topic; and in all nearly the same explanation of the causes and the same meager hints as to treatment are found. The only exception to the above remark is the work of Dewees on Females (not his Midwifery), in which this affection is discussed pretty fully, and its treatment minutely detailed, with all the practical sagacity which characterized everything from the pen of that eminent man. I think I may say, without qualification, that since the article by Dewees was written, now nearly half a century, nothing of value, either in English or French, has been added to the literature of this subject. If the young practitioner then turns to his surgical authorities, he will find no special discussion or special direction for treatment of this affection occurring as a consequence of or a complication with pregnancy and parturition. Yet under these circumstances hemorrhoids may almost be regarded as having a distinctive pathology, while the treatment must be essentially modified by the especial condition with which it is associated. During gestation we have as a predisposing cause the pressure of the gravid uterus upon the rectum, which retards or prevents the return of the blood from the hemorrhoidal plexus of veins to the inferior mesenteric veins. But this exists as a cause in every pregnant woman, and therefore some other element seems to be necessary for the development of the disorder, and this may be either constipation or diarrhea. In constipation there is probably the same atony of the coats of the hemorrhoidal veins as exists in the muscular coats of the rectum, and the pressure of accumulated fecal matter contributes to make these veins varicose, and, if long continued, to develop the hemorrhoidal tumors. The effect of a purgative is to stimulate an abnormal peristaltic action in directly an opposite direction to the returning blood of the hemorrhoidal veins. Some who are subject to piles are never constipated, but have habitually a loose, relaxed condition of the bowels, the same atony of the venous coats resulting from

the irritation and exhaustion of diarrhea as exists in constipation. So therefore either constipation or diarrhea may develop the hemorrhoids. If the hemorrhoidal veins have become varicose during the later periods of gestation, the tumors may be developed by the long pressure of the fetal head on the rectum during labor. The hemorrhoidal veins sometimes swell enormously at this period, as they are probably weakened by the distension they have suffered during the progress of the labor, and they regain the power of contracting at this time with great difficulty. In many patients the hemorrhoids are first developed by the action of the purgative given two or three days after confinement.

I will now describe the treatment which I have found the most successful in each of the above conditions, and which I have substantially taught in my lectures to students for more than twenty years past.

When hemorrhoids are developed during the later periods of pregnancy, the indications are obviously to counteract the constipation or the diarrhea, and to stimulate and to restore the tonicity of the hemorrhoidal veins. The inquiry will then naturally suggest itself, have we any agent or combination of agents in the materia medica capable of effecting these results? I know of no article which so clearly and positively produces these two results as aloes, and on this I have mainly relied. I am well aware that the general voice of the profession is against the use of aloes where there is any tendency to hemorrhoids. That "aloes is contraindicated by hemorrhoids" is not only the doctrine of the "Dispensatory of the United States" (Wood and Bache), but it is also the opinion of most writers on materia medica from ancient times down to the present day. "Fuchsius was of opinion that of one hundred persons who should take aloes frequently as a laxative ninety would be attacked with piles. Murray blames physicians who are induced by the gentle and certain action of this medicine to expose their patients to so serious a con-

sequence. It was to this purgative that Fonseca attributed the prevalence of piles among the inhabitants of Padua, and Stahl makes a similar statement in regard to the people of Hamburg. Calvin is cited as a prominent example of this mischief produced by aloes; for this celebrated reformer is said to have died ultimately from the effects of the piles which it gave rise to; but as he was of a frail constitution, subject to quartan ague, gout, and gravel, the part which aloes bore in his demise may reasonably be judged to have been small.* But these opinions have not been accepted by all; for Cullen, Sir Benjamin Brodie, Trousseau and Pidoux, and others have doubted whether aloes is productive of piles, but attribute this infirmity not to the medicine, but to the constipation which aloes is used to remove. I will, however, parenthetically say here, from my own observation, I am convinced that aloes will under certain conditions of the system, and in certain doses, develop piles. The special property of aloes is "to exert the muscular contractility of the colon and rectum," and "to stimulate the venous system of the abdomen, and especially of the pelvis." That these are the effects of this agent I have not only the authority of special writers on therapeutics, as Pereria, Wood and Bache, and others, but I believe the general experience of the profession also will confirm the assertion. It would seem therefore that the use of aloes for the cure of hemorrhoids in pregnant women would have suggested itself from *a priori* reasoning; but I am not aware from anything that I have read that it ever has. I suppose that the general impression that aloes is contra-indicated where there is any tendency to hemorrhoids, and that it possesses emmenagogue properties, has had great influence in preventing this. In my own case the use of this article for this purpose was the result of gradually accumulating observation rather than from any reasoning on the subject.

*Stillé's Therapeutics and Materia Medica, Vol. II., page 571.

In the early days of my professional life I was engaged to attend a woman in her confinement who suffered from obstinate constipation. I prescribed for her Dewees's pills. At the time of her confinement she mentioned that in her former pregnancies she had suffered very much from piles, but that my pills had cured them. If I had known of her hemorrhoidal tendency I should not have given these pills, and I was therefore quite surprised by her statement, as the result seemed so contrary to all that I had been taught. From this time I began to experiment as to the effect of aloes in the treatment of hemorrhoids, associated with constipation, in the pregnant; and for many years past I have constantly made use of aloes for their cure, whether the hemorrhoids were the result of constipation or of diarrhea. I give it, combined with other agents, according to the special indications of each case, and in such doses as I learn by experience of the peculiar idiosyncrasy of the individual is necessary to secure one easy, free, daily evacuation of the rectum. Some require a grain morning and evening, while in others a half grain is sufficient. In anæmic patients I combine the aloes with the sulphate of iron. In the two last weeks of gestation I always combine it with the extract of belladonna.* The following is a frequent prescription with me:

R. Pulv. aloes soc., . . . } āā ʒj;
 Sapo. Cast., . . . }
 Ext. hyoscyami, . . . ʒ ss;
 Pulv. ipecachuan., . . . gr. v.

M. Ft. pil. (argent.) No. 20. S. One morning and evening.

When the patient is anæmic, I add to the above one scruple ferri sulphat. Some ten days or two weeks before the supposed time of labor I substitute the extract of belladonna, ten grains to one scruple, for the extract of hyoscyamus. When

* *Vide* American Medical Monthly, January, 1861, "An effort to shorten the duration and diminish the pain of the first stage of labor," by the writer of this article.

the hemorrhoids are associated with an irritable rectum, and frequent, small, teasing, thin evacuations, I substitute for the hyoscyamus a small quantity of opium, giving a smaller quantity of the aloes, as in the following formula:

R.	Pulv. aloes soc.,	} āā gr. x.
	Ext. opii aq.,	
	Sapo. Cast.,	

M. Ft. pil. No. 20. S. One morning and evening.

It is unnecessary for me to multiply formulæ, as the general principles by which I am guided will be sufficiently evident from the above.*

In some cases I have not been consulted, and have not known of the hemorrhoidal tendency of the patient, until my attendance during labor. I have seen the hemorrhoidal tumors sometimes become very large during the labor. Dewees says: "Much may be done during labor to prevent a severe spell of piles by the accoucheur making a firm pressure upon the verge of the anus with the palm of his hand, guarded by a diaper, during the progress of the head through the external

*My friend and colleague, Prof. Wm. T. Lusk, has given me a memorandum from his note-book of the Clinical Lectures of the late Prof. Oppolzer, of Vienna, in 1868, which particularly struck him, as when a student he was familiar with my teaching on the subject. He says: "At the beginning of the hour Professor Oppolzer was wont to rapidly examine and prescribe for a large number of out-patients. Many of these were Polish Jews, drawn to Vienna by the great fame Oppolzer enjoyed in the treatment of hemorrhoids, an infirmity to which the Jews of that region, owing to sedentary habits, are specially liable. His prescriptions were, when piles are associated with constipation, aloes and quinine; without constipation, aloes and sulphate of iron. For bleeding piles:

R.	Ferri sulphat.,	scr. i;
	Ext. aloes aq.,	dr. i;
	Ext. taraxaci, q. s. ft. pil. No. 60.	

S. One morning and evening, and increase to three a day if necessary."

I will also add the following sentence from Dr. Chambers's Restorative Medicine, page 58: "Take, for example, aloes. It is a purgative, evacuating effete tissue; but what a bracing effect it has upon the mucous membrane of the lower bowel, restraining its oversecretion of mucus, and restoring the elasticity of the congested blood-vessels."

parts, and by carefully returning them after the expulsion of the placenta, as the sphincter is now fatigued, and will not oppose their descent." I have frequently tried this expedient, but I can not say that it has been very successful, as the tumors soon come down again, and under these circumstances they are very apt to become strangulated, inflamed, and cause a great deal of suffering. When I find this condition of things, I have within a few years past adopted the plan of forcible dilatation, recommended by my friend and colleague, Prof. Van Buren. My method is this: the patient being fully under the influence of chloroform, I select the moment after the delivery of the child and before the placenta is brought away. I push back the tumors within the sphincter, if I can readily; if not, I leave them alone, and introduce both thumbs, back to back, well in the sphincter, and opening them as wide as possible I draw them through the sphincter. During this time I have firm pressure made on the uterus by an assistant, and in several instances the operation was followed by the sudden expulsion of the placenta from the vagina. I direct the following ointment to be applied twice daily to the tumors, and well up in the rectum:

R. Ung. gallæ co., ʒj;
 Ext. opii aq., : ʒj;
 Sol. ferri persulph., . . . ʒj.

M. Ft. ung.

The result has been in every instance that the tumors have gradually disappeared, and the patients have had very little suffering from the operation.

Where hemorrhoids come on after labor, the suffering is generally much greater than when it occurs during pregnancy. They are very often induced by the action of the purgative given two or three days after confinement.

It is now many years since I have been convinced that castor-oil was one of the worst agents that could be used as

a laxative when there is a tendency to piles, as in many instances I have seen its action develop them. For many years I have annually spoken of this to the medical class before whom I have lectured, and I have received many letters from former students corroborating my statement by their own observation. But I have never seen this alluded to, except in one work—viz., Hardy and McClintock on Midwifery and Puerperal Diseases—who incidentally make the following remark: "We may first observe that castor-oil is ill suited for patients who have hemorrhoids, being very apt to produce in them tenesmus and considerable irritation of the rectum." I may add the following from Quain:* "Common opinion has assigned to castor-oil a character for blandness (probably because of its being an oil) to which it is not entitled. It is an efficient purgative, but, except when given in minute quantities, it usually irritates the rectum."

In Wood and Bache's Dispensatory (article, Castor-oil) we find the following: "Some apothecaries are said to use it as a substitute for olive-oil in unguents and cerates; but the slightly irritating properties of even the mildest castor-oil render it unfit for those preparations which are intended to allay irritation." It is curious that its irritating action on the mucous membrane of the rectum has not attracted more attention.

In those who have, or are predisposed to have, hemorrhoids I give the following on the second day after confinement:

R. Magnesiae sulph., . . .	} aa ʒss.
Magnes. carb.	
Potas. sup. tart., . . .	
Sulphur. sublim., . . .	

Mix thoroughly. S. One, two, or three tea-spoonfuls of the powder before eating in the morning.

* Diseases of the Rectum, page 16. In the case of a friend and classmate of mine, who is suffering from epithelial cancer of the rectum, and is now under the care of Prof. Gross, of Philadelphia, the first symptom of his disease followed the purgative action of castor-oil. A second dose of this medicine, a few days subsequently, produced still more intense and persistent suffering.

This powder produces a soft evacuation, without pain, even when the hemorrhoids are inflamed. By procuring a daily evacuation with the powder, and the use of the ointment before mentioned, I have found the hemorrhoids in puerperal women soon cease to give trouble.

NEW YORK.

ON THE SURGICAL USES OF CARBOLIC ACID.

Being a Composition of Opinions recently expressed by various Surgical Authors.

BY LOUIS BAUER, M. D.

A few years have sufficed to render carbolic acid the most popular and indispensable remedial agent. Lister had scarcely uttered the last word in his plausible article on the subject when it was reëchoed from all parts of our planet. The whole surgical literature became at once singularly "carbolyzed," and every surgeon might have been scented by the specific odor of the article following his trail like the tail of a comet. The incomparable disinfectant of the nineteenth century had infected the professional mind to an alarming extent, and completely deadened its power of sober observation and criticism. Carbolic acid has been intruded upon all physiological and accidental apertures of the human body, while the intervening space received its due coating. It has been resorted to in the living and the dead to prevent "*decomposition*." It has successively been recommended and used against the most heterogeneous diseases and injuries to which the human flesh is exposed. It has been administered, per and upon os, as medicine and paste; in fine, has become the great arcanum of modern surgery.

The current of professional favor has not as yet stopped. Through very respectable quarters eulogistic reports are sent

forth, claiming the most extravagant benefits from the use of carbolic acid. Heretofore Edinburgh has been rather reticent; but since the great skeptic Syme has made room for Lister, the oracle at modern Athens has broken its significant silence.* Joseph Bell is its inspired mouth-piece. The most dangerous cases, and by the score, have been, and most successfully, treated by the carbolic acid. All went off serenely, with almost perfect exclusion of suppuration. Among the rest of the cases there were three abscesses, compound fractures of humerus and ante-brachial bones, compound dislocation of the elbow-joint, two perforating wounds of the knee-joint, psoas abscess, etc.

In the University College Hospital of London† carbolic acid has been found serviceable when "*carefully*" applied, otherwise chloride of zinc is *more* commendable. It is claimed that carbolic acid keeps fever down after capital operations, and limits suppuration. Some compound fractures that seemed to require amputation were cured by Lister's method. Since this remedy has been introduced into the hospital no pyæmic symptoms had appeared after amputations. In some cases a persistent emesis had occurred, for which no other cause than the carbolic dressings could be assigned. In already-existing suppurations carbolic acid proved to be rather injurious.

Maudner joins in the favorable opinion, and has seen excellent results in the London Hospital. Holt, of Westminster Hospital, London, is equally favorably impressed by the article. McCormic has treated seven cases of compound fractures, one amputation, wound at the thigh, and several minor injuries. Among the former there was one in which the knee-joint had been laid open incidental to the fracture of the patella. In most cases suppuration was *prevented* or *limited*. The author used an aqueous wash, 1:30, and *simply covered the wound* with an oily solution, 1:4. After

* Edinburgh Medical Journal, May, 1871.

† London Lancet, Jan., pp. 86, 122; Dublin Quarterly Journal, Feb., p. 52.

previous opening, Hector C. Cameron* and Hugh Tomson respectively cured a large hydroma of the neck and a very large abscess. In Dittl's Clinic more than four hundred cases were subjected to carbolic treatment. Englisch† expresses his observations in the following summary: "In incised and contused wounds, the carbolic acid limits both suppuration and necrosis of the interested tissues. The most aggravated compound fractures healed kindly under carbolic dressings. It is very serviceable in gangrenous inflammations of the connective tissue, peri-adenitis, and periostitis; but indifferent in inflammation of glandular, bony, and medullary structures. Cold abscess did well by being freely opened, and the cavity dressed with lint impregnated with carbolic acid. It acted very favorably upon recent stumps. Large wounded surfaces absorb the carbolic acid in considerable quantity, which is then eliminated by the kidneys."

The foregoing statements in behalf of the inestimable virtues of carbolic acid are but a few of many. They refer exclusively to surgical cases; but there is an endless number on record of recent date pertaining to all kinds of diseases of diametrically opposite nature, which unavoidably must engender great doubts as to their reliability.

While thus the carbolic enthusiasm shows an unabated high tide, a few breakers have troubled the waters. In fact, some isolated but weighty and sober voices have been heard against carbolic acid which can not fail to challenge the attention of the profession. Machin, of Birmingham, has lost two cases in attempting to cure scabies by carbolic acid. Prof. Roser,‡ who has apparently thoroughly tested the therapeutical efficacy of the remedy, speaks of it in a rather contemptuous strain. He remarks "that Lister's paste might be serviceable in unimportant abscesses, where there is no fever

*Glasgow Medical Journal, November.

†*Oestreichische Zeitschrift für practische Heilkunde*, Nos. 30-33.

‡*Archiv der Heilkunde*.

or cachexia, but could as well be dispensed with." In cold and articular abscess and compound fractures it is useless, in Roser's estimation. C. Boehm* has largely experimented with Lister's, and a simple paste made of linseed-oil and chalk. With both he has obtained the very same results, and he infers "that there is no specific virtue in carbolic acid; that both pastes exclude the air from the wounds, in which circumstance their usefulness consists."

The most withering evidence comes from Glasgow itself.† During 1860-61-62 one hundred and twenty-six amputations of the extremities were performed in the Glasgow Medical Infirmary, and the stumps treated in the usual way. Of the patients, eighty-five recovered and forty-one died; that is, one in three. In 1867-68 seventy-three amputations were made. In the after-treatment carbolic acid was freely employed according to Lister's plan. Thirty cases terminated fatally; one in two and a half. Worse still were the results in compound fractures. One hundred and fourteen cases of this description were admitted into that institution during the former period; twenty-six of the injured died; mortality, one in four and a half. In the year 1868 fifty-nine cases of compound fractures were treated with carbolic acid, of which twenty were lost; mortality, one in three.

For the present this will suffice. I am fully aware of the onerous task to oppose fashion, being entirely beyond the reach of reasoning. Nevertheless it appears to me the duty of every reflecting mind to ponder, compare, analyze, and to observe closely before it joins in the general enthusiasm. A practitioner of many years' standing knows by experience that new remedies are almost daily brought on the surface, become fashionable, are carried along by professional favor, and sink again into oblivion, scarcely to be remembered. Whether carbolic acid is one of them, time alone can show.

**Wiener Medizinischer Wochenschrift.*

†*London Medical Times and Gazette.*

But admitting, for the sake of argument, that there are some estimable therapeutical virtues in carbolic acid, it must be evident to the thoughtful that carbolic acid is, to say the very least, grossly overrated, and that it is absolutely impossible to render it useful in all the heterogeneous cases for which it is said to have been beneficially employed.

I need not say that I have likewise resorted to this remedy in cases which I thought susceptible of benefit; but I have been signally unfortunate, for I have not in one single instance realized any of those glorious effects which are claimed. Among other experiments, I injected three dead bodies with the third part of the mass recommended for that purpose, and each body decomposed as rapidly, and even more so, than if nothing had been done; whereas, I prepared other bodies in the same manner by the crude acid, in which there is a large portion of empyreumatic oils, and the subjects were most excellently preserved for months. A newly-killed dog, and thus injected, exhibited no signs of decomposition at the end of two years. On the other hand, fashion has occasionally prohibited the introduction of means and methods which eventually have forced their way to professional notice and favor. When Priesnitz came forth with the systematic treatment by cold water, he was laughed at, sneered at, and ridiculed in lampoons. His clinical observations were set down as vagaries, and his results as inventions; yet no well-informed physician of the present day will deny that hydropathy has filled a large chasm in materia medica, more particularly in the treatment of zymotic diseases.

I could adduce many more instances in which fashion has obstructed the way of true progress in medical sciences and the healing art; but my present object is simply to call for a more calm and unbiased observation in so far as carbolic acid is concerned, reserving to myself the privilege to collect and advance the facts as they may present themselves hereafter.

ST. LOUIS.

Reviews.

On some Disorders of the Nervous System in Childhood.

By CHAS. WEST, M. D., Fellow and Senior Censor of the Royal College of Physicians of London, etc. Philadelphia: Henry C. Lea. 1871.

From the time that Dr. West gave to the profession his standard work on diseases of children, now nearly a quarter of a century ago, he has been justly regarded as one of the very highest authorities on all that relates to the ailments of childhood. In March, 1871, he delivered the Lumleian Lectures before the Royal College of Physicians, in London, and selected as his topic the Nervous Disorders of Children. These lectures embraced one on neuralgia and epilepsy, one on chorea and paralysis, and one on disorder and loss of power of speech and mental and moral peculiarities, and their disorders. The three have been issued by Mr. H. C. Lea in a beautiful little volume of one hundred and thirty pages. The circumstances under which the work was produced afforded Dr. West an opportunity not only to display that intimate acquaintance with child-life which he possesses in a very rare degree, and to use that large experience which he has so industriously cultivated, but an excuse also for dropping the dry style of the text-book, and treating us to some most exquisite descriptions of the mental peculiarities of childhood. Indeed, the value not less than the charm of the work consists chiefly in the beauty and finish of its portraiture of disease, and of the peculiarities of sick children. Throughout almost every line in the book it may be seen that the author has lived among children, that he loves them, and thereby has

come to understand them. Here is a sample of how he writes about them:

"The child lives in the present, not in the future, nor much even in the past, till the world has been some time with him, and he by degrees shares the common heritage of retrospect and anticipation. This is the great secret of the quiet happiness which strikes almost all visitors to a children's hospital.

"No one can have watched the sick-bed of the child without remarking the almost unvarying patience with which its illness is borne, and the extremity of peril from which, apparently in consequence of that patience, a complete recovery takes place. Much, indeed, is no doubt due to the activity of the reparative powers in early life, but much also to the unruffled quiet of the mind. No sorrow for the past, no gloomy foreboding of the future, no remorse, disappointment, nor anxiety depresses the spirits and enfeebles the vital powers. The prospect of death, even when its approach is realized—and this is not so rare as some may imagine—brings in general but small alarm. This may be from the vagueness of the child's ideas; it may be, as the poet says, that in his short life's journey 'the heaven that lies about us in our infancy' has been so much with him that he recognizes more clearly than we can do

'the glories he hath known,
And that imperial palace whence he came.'

"I dwell on this truth because it is of great practical moment that we should bear in mind to how very large an extent the child lives only in the present; because it follows from it that to keep the sick child happy; to remove from it all avoidable causes of alarm, of suffering, of discomfort; to modify our treatment so as to escape a possible struggle with its waywardness; and even if death seems likely to occur, to look at it from a child's point of view, not from that which our larger understanding of good and evil suggests to our minds; are duties of the gravest kind, which weigh on the physician, on the parent, on the nurse, and which it behoves us none the less to remember because they are not dwelt on in the lecture-room or in the medical treatise.

"One word, and but one, I would add here, and I trust I may do so without incurring the suspicion of want of respect for religion, or of want of faith in its doctrines. Some of the most painful death-beds which I have ever witnessed have been those of children whose

overanxious friends have striven to force upon their minds the deepest verities of our faith in that definite form in which they are embodied in catechisms and formularies. It is easier to frighten than to console; the dark grave is realized, or at least imagined more vividly than its conqueror; and the little child, driven to look within for the evil which it does not know, and can not find, but vaguely dreads, and would be sorry for if it knew it, has moved me to compassion only less than that I felt for its broken-hearted torturers, who have failed to learn that the little children, of whom our Savior said that of such was his kingdom, were not called on to recite any creed, to profess any faith; but just as they were, in their helpless ignorance, were deemed fit to be folded to his embrace, and to be held up to us as our example.

"But not only does the child live in the present far more than it is possible for the adult, but there are besides other important mental differences between the two. Not merely is the mind of the child feebler in all respects than that of the adult, but in proportion to the feebleness of his reasoning power there is an exaggerated activity of his perceptive faculties, a vividness of his imagination. The child lives at first in the external world, as if it were but a part of himself, or he a part of it; and the glad-heartedness which it rejoices us to see is as much a consequence of the vividness with which he realizes the things around him as of that absence of care to which it is often attributed. This peculiarity shows itself in the dreams of childhood, which exceed in the distinctness of their images those which come in later life, and shows itself, too, in the frequency with which, even when awake, the active organs perceive unreal sounds, or in the dark at night conjure up ocular spectra; and these not merely colors, but distinct shapes, which pass in long procession before the eyes. This power fades away with advancing life, except under some conditions of disease, the occasional appearance of luminous objects in the dark remaining the only relic of this gift of seeing visions, with which, in some slight degree at least, most of us were endowed in our early years. The child who dreads to be alone, and asserts that he hears sounds or perceives objects, is not expressing merely a vague apprehension of some unknown danger, but often tells a literal truth. The sounds have been heard. In the stillness of its nursery the little one has listened to what seemed a voice calling it; or, in the dark, phantasms have risen before its eyes, and the agony of terror with which it calls for a

light, or begs for its mother's presence, betrays an impression far too real to be explained away, or to be met by hard words or by unkind treatment.

"Impressions such as these are not uncommon in childhood, even during health. Disorder, direct or indirect, of the cerebral functions, more commonly the latter, greatly exaggerates them; and I have known them both to outlast for many weeks all other signs of ailing health after convalescence from fever. The unreal sights are far more frequent than the sounds. The sounds are usually of the simplest kind, as the tinkling of a bell, of which we all remember the exquisite use made by Hans Andersen in one of his nursery tales; or the child's own name at intervals repeated, just as the little watchful boy heard it in far-off Judea, when it was the prelude to a wondrous communication from the unseen world. It came to him as he woke from sleep, before the early morning dawned, while the lamp, lighted over night, was burning still; and still it is so far the same that these occurrences, which suggest to us problems that we can not attempt to solve, mostly take place at times of transition from the sleeping to the waking state. * * * * *

"But not only are the perceptions more acute in childhood than in adult life, but the sensibilities are more intense. The child's emotions, indeed, are often transitory—generally, indeed, very transitory; but while they last they produce results far greater than in the grown person. In the case of the latter, recollection of the past, anticipation of the future, or even the duties of the present control the overwhelming sorrow, or call forth the energies needed to bear it. The child lives in the present, and this present is but the reflection of the world around, its impressions uncontrolled by experience, ungoverned by reason.

"The broken-heartedness of a child on leaving home is not the expression only of intense affection for its friends or relations; it is the shock of separation from the familiar objects which have surrounded it; and I have not unfrequently seen children inconsolable when removed from homes that were most wretched, or from relations who were most unkind. * * * * *

"This keenness of the emotions in children displays itself in other ways, and has constantly to be borne in mind in our management of them. The child loves intensely or dislikes strongly; craves most earnestly for sympathy, clings most tenaciously to the stronger, better, higher around it, or to what it fancies so, or shrinks in often causeless but unconquerable dread from things or

persons that have made on it an unpleasant impression. Reason as yet does not govern its caprices, nor the more intelligent selfishness of later years hinder their manifestation. The waywardness of the most willful child is determined by some cause near at hand; and he who loves children, and can read their thoughts, will not in general be long in discovering their motives and seeing through their conduct.

"One word more I have to say with reference to that intense craving for sympathy so characteristic of the child. It is this which underlies the disposition to exaggerate its ailments, or even to feign such as do not exist, and in such attempts at deception it often persists with almost incredible resolution. Over and over again I have met with instances, both in private and in hospital practice, where the motives to such deception were neither the increase of comfort nor the gratification of mere indolence, but the monopolizing the love and sympathy which during some bygone illness had been extended to it, and which it could not bear to share again with its brothers and sisters. This feeling, too, sometimes becomes quite uncontrollable, and the child then needs as much care and judicious management, both bodily and mental, to bring it back to health as would be called for in the case of some adult hypochondriac or monomaniac.

"A caution may not be out of place as to the importance of not ministering to this tendency to exaggerated self-consciousness by talking of children's ailments in their hearing, or by seeming to notice the complaints they make as though they were something unusual or out of the common way. * * * * *

"I have lived among children, I have loved them as we all learn to love the objects by which we are all daily surrounded. I have seen their suffering and sorrow, and no explanation but one could ever in any degree solve the problem which it suggests. I have found it in the belief that he whom an old book speaks of as the Holy Child Jesus allows the young children, 'whom in Palestine he had blessed, once and forever, to pass through this only that they might meet the sooner.' The mystery of the suffering, indeed, is still in large measure incomprehensible, but an end is seen to it all; not the extinction of the weak for the sake of the strong, themselves to yield in turn to the stronger; the race being all, the individual nothing, but the perfection of each individual of the race; a perfection to be attained not here, but higher."

Certainly one who writes in this way of children does understand them. And here we wish we could close our notice of this most attractive little volume, but we can not do so without adding a word of criticism of one point in the treatment of chorea recommended by the distinguished author. Dr. West advocates the use of emetic tartar in certain forms of this affection, and speaks of having given as much as nine grains of the drug in a day to a little patient for three successive days. For our part we can but believe that such practice is hazardous in the extreme in any and all forms of children's diseases. The patient may escape diarrhea, nausea, vomiting, and death, as did Dr. West's; but tartar-emetic in large doses, no matter how gradually the medicine is increased nor with what caution it be administered, is, according to most American experience, an excessively dangerous agent in children, and one which we should be glad to see banished from the *materia medica* of all little people. We are sure that we have seen at least one child fall a victim to what was ridiculously called "causeless" exhaustion, but what was certainly due to the contra-stimulant effect of antimony; yet the child neither vomited, nor did it purge, but it died outright, suddenly and of sheer exhaustion.

Dr. West restricts the exhibition of antimony to those cases of chorea in which "the movements seem to constitute the disease, and in which there is no special indication to guide us." Even in these cases—and they constitute a large proportion of the whole—we should much prefer giving the sulphate of zinc in increasing doses—the only remedy, by the way, which our author has found to exert anything of a specific power over chorea—or the methodical use of arsenic, a drug which Dr. W. does not so much as mention; or electricity, or anæsthetics, or frigorific mixtures to the spine; for we do believe that any one of these, even the last named, is better, as it is unquestionably safer, than antimony. With this single bit of fault-finding, we conclude with the remark that the

work has afforded us an exceptional degree of both profit and pleasure.

A Century of Medicine and Chemistry: A Lecture introductory to the Course of Lectures to the Medical Class in Yale College. By Prof. B. SILLIMAN, M. D.

Professor Silliman has departed from the usual course of professors in their introductory lectures. He has not been content to promise his students a rich repast of science, but has introduced them at the start to a substantial feast. He has hurried at once in *medias res*, and given them a compendium of knowledge which they will be glad to preserve for reference. We have never read an introductory lecture so full of valuable scientific matter, which is all the more timely as calling the attention of students of medicine to the dependence of therapeutics upon chemistry. This is forcibly exhibited in the following passage:

"If any one yet desires to ask what the century of chemistry now closing has done for therapeutic medicine, let him take up any formulary of a century old, and look for almost any of the more familiar articles which form the staple of medical practice to-day. He will find set forth in the pharmacopœias of a century ago, with the greatest prominence, such simples and carminatives as balsam of tolu, syrup of marsh mallow, camphor, red coral, Castile soap, ginger, worm-wood, James's powder, musk, mace, mummy, album græcum, powdered spiders, viper, millipedes, stomachic tincture, and aqua pura. Of the more potent medicines then known but little use seems to have been made. Iron and its salts, opium, mercury, jalap, and rhubarb were comparatively rare medicines. Peruvian bark finds its place among astringents, in which category fall also calomel and rhubarb. Burnt sponge is used as an alterative, in all innocence of iodine, which was as yet unknown for more than a generation. Alcohol seems to have been used chiefly for tinctures, and there is no class known as tonics. If we examine the prescriptions, it is difficult to say whether a feeling of amuse-

ment or disgust at the utter empiricism evinced is uppermost. Viper broth and spermaceti for consumption, oak-bark and gall-nuts for diabetes; musk, decoction of intestines of fowl, red coral, burnt rhubarb, chalk, etc., for diarrhea; tartar-emetic for hooping-cough; calomel and sulphur ointment for itch; are a few examples of the therapeutics of the leading physicians of London a century since. Not to do these worthy men the injustice to suppose that they dealt only in such extreme simples, it must be remembered that there was one form of iron which was an unfailing *vade mecum* and cure-all with them, and that was the *lancet*, with which they made their practice truly heroic."

Transactions of the Medical Society of the State of Pennsylvania. Sixth Series, Part II., 1871.

This volume of Transactions is the result of the twenty-second meeting of the Medical Society of Pennsylvania. The physicians of that ancient commonwealth were slow to organize a society, but these Transactions show that they are in earnest about sustaining it now that it has been set on foot, and their labors promise to make it worthy of a state which for so many years has cherished two of the largest medical schools in our country. Professor Gross, its retiring president, delivered an address to the Society, characterized by the learning and high devotion to his profession for which he is distinguished. We learn from this admirable address that the Society numbers nearly four hundred permanent members, and that it is migratory, never assembling two consecutive years at the same place; not the least of its many noble objects being the cultivation of good feeling among its members.

"Human nature," says Professor Gross, "is much the same everywhere." It seems that the medical society over which he presided is no exception to the truth of the somewhat trite remark. Its members, it appears from these Transactions, have their feuds; but we are glad to see but little space taken up in this volume with personal controversies. Dr. Turnbull

reports six hundred cases of diseases of the ear; Dr. Lee proposes, in a short paper, a modification of Taylor's splint for posterior curvature of the spine; Dr. Squire suggests a new prostatic catheter; and to these succeed reports of the medical societies of seventeen counties in the state, the whole forming a volume of two hundred and fifty pages. We have not the space necessary to notice all these in detail, which, though varying in merit, form a body of medical literature that reflects great credit upon the Society. Indeed, one could not desire stronger proof than the volumes annually issued by this and other state medical societies of the progress of the profession in all that constitutes its true dignity.

A Hand-book of Therapeutics. By SIDNEY RINGER, M. D., Professor of Therapeutics in University College, Physician to University College Hospital. Second edition; 8vo, pp. 483. New York: Wm. Wood & Co. 1871.

Just a year ago we noticed the appearance of the first edition of Dr. Ringer's Hand-book, and testified our appreciation of its quality by making very copious extracts from its pages. In point of matter the work is indeed excellent; and though prepared specially for students and young practitioners, few physicians of any age can read it without profit. The style—if such it can be called—which our author uses, however, is anything but excellent; it is generally abrupt, often involved, frequently obscure, seldom good, and never equal to what we have a right to expect from a professor in an institution so renowned for its writers as University College.

The arrangement of that part of the work which relates to the action of medicines is that known as Buchheim's, which has the merit of convenience, and is perhaps as good as any other. Dr. Ringer has endeavored to make his book as practical as possible. He first states the symptoms or group

of symptoms which suggest a medicine, and then tells the way to use it; omitting, with few exceptions, all speculative explanations as to how drugs cure. Much additional matter has been worked into the present edition, on which the publishers have done, in respect to paper, type, and binding, their full duty.

Transactions of the Ohio State Medical Society, 1871.

In point of mechanical execution this volume is the most tasteful that has come to us from any of the state medical societies. We had the pleasure of meeting the Medical Society of Ohio at Cincinnati last spring, and from the earnestness with which its members applied themselves to its business we were prepared to expect a rich volume of Transactions. It was impossible to doubt that men so much interested in the reading of papers had applied themselves industriously to their preparation. The result is what we expected. The matter of this neat volume is in keeping with its external dress. Every paper gives evidence of care and labor. The retiring president, Dr. Reamy, devotes a part of his address to that fruitful topic, the education of medical students. He may well declare it "a shame that, with all the opportunities at hand for becoming scholars, young men will present themselves at the portals of a learned profession without even a correct knowledge of their native tongue." He thinks a remedy might be found for this evil, but is not hopeful of its early application. Dr. Edward B. Stevens has a practical paper on some points in uterine therapeutics, which is followed by an elaborate one on physical and vital force, by Dr. S. S. Scoville. The antagonistic power of opium and belladonna forms the subject of an interesting report by Dr. John A. Little, which sets forth the doctrine in a favorable light. Dr. L. believes in this antagonism; but "poisonous doses of one," he says, "must be met by equally poisonous doses of the other." In a case of bella-

donna-poisoning quoted by him, a child six years old took, in a few hours, one hundred and twenty drops of laudanum and recovered; "in three hours was well and running about the room." Dr. Mussey reports a case of removal of both the superior maxillary bones. Sanitary science is treated of at considerable length and with great ability by Dr. J. R. Black. Dr. D. D. Bramble has an elaborate paper on hydrate of chloral, and Dr. W. W. Seely a report on ophthalmology. A report, by Dr. Bartholow, on the ophthalmoscope and the sphygmograph in the study of the physiological action of medicines; one by Dr. Whitaker, on reproduction; one by Dr. J. R. Black, on the prevailing diseases of Ohio; and one on the relations of epilepsy to insanity, by Dr. W. J. Conklin, follow, and are all instructive. Dr. D. S. Young contributes the last paper, which is on the mechanical treatment of stricture of the urethra.

What we have written conveys, we are well aware, a very inadequate idea of the merits of this contribution to American medical literature. In truth, we have not attempted to do this, for our limits forbid any full notice of the volume; but this meager account of its contents is enough to show how our brethren across the Ohio apply themselves to the duty of giving life and interest and dignity and weight to their medical society.

A Practical Treatise on Bright's Diseases of the Kidneys.

By T. GRAINGER STEWART, M. D., F. R. S. E., F. R. C. P. E., Physician to the Royal Infirmary, Lecturer on Clinical Medicine, formerly Pathologist to the Royal Infirmary, and Lecturer on General Pathology, etc. Second edition. New York: Wm. Wood & Co. 1871.

The first edition of Dr. Stewart's work appeared in 1868. It was the fruit of years of observation and study in the pathological department of the Edinburgh Royal Infirmary. It was pronounced to be "a real effort in the cause of curative

medicine," "a very able and consistent attempt to set in a clear light the rather involved and difficult questions connected with the ultimate pathology of Bright's disease," and "deserving the attentive study of every physician who desires to be acquainted with the latest views on this interesting and important class of diseases." The present edition embodies the results of our author's further study of the diseases under consideration; and is enriched by additional information, especially in respect of clinical history and treatment, while numerous illustrative cases, and two new lithographs illustrative of important pathological conditions, have been introduced. The work is written in an easy, graceful style, and is without doubt the best book on the diseases which bear the name of the illustrious Bright which has yet appeared. It should be studied by every practitioner of medicine.

A Treatise on Human Physiology: Designed for the Use of Students and Practitioners of Medicine. By JOHN C. DALTON, M.D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine, etc. Fifth edition, revised and enlarged, with two hundred and eighty-four illustrations. Philadelphia: Henry C. Lea. 1871.

A work which has reached its fifth edition, and become a text-book in twenty medical schools, stands in no need of any laudations of the press. Dr. Dalton's Physiology has indeed acquired a wide popularity, and is entitled to rank with the ablest treatises on the subject. Dr. D. is original as well as learned, and his readers will find in his book his own thoughts as well as those of the many other investigators who have enriched physiology by their labors. We hail it as one of the indications of an improved medical education that works like Dr. Dalton's are so extensively read.

An Introduction to Pathology and Morbid Anatomy.

By T. HENRY GREEN, M. D., London, M. R. C. P., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, etc. Illustrated by numerous engravings on wood; 8vo, pp. 260. Philadelphia: Henry C. Lea. 1871.

The strictly elementary character of the above work adapts it especially to the place it is intended to fill, and makes it a most helpful book for the student. It gives first a succinct, but for practical purposes a sufficiently complete, account of the general pathology of each morbid process, and subsequently describes the same process as it occurs in the several organs and textures of the body. The plan of the work is excellent; the style is simple and pointed. The wood-cuts are good, though mostly copies, principally from Rindfleisch's Pathological Histology, instead of being, as Dr. Green might have made them, original. We commend the work to our readers as being more than its title would imply—a mere introduction to morbid anatomy; “it is actually a condensed special treatise on general pathology.”

Fireside Science: A Series of Popular Scientific Essays upon subjects connected with every-day Life. By JAMES R. NICHOLS, A. M., M. D., Editor Boston Journal of Chemistry, etc. New York: Hurd & Houghton. 1872.

This is a very pleasing little work, which we can conscientiously recommend to our readers as abounding in matter interesting to all, and imparted in a popular and agreeable style. The origin and nature of springs, rebreathed air, chemistry of a cigar, the lost arts, the human hair, Michael Faraday, the clothing we wear, the skin and bathing, chemistry of the human body, infectious germs, the food of plants; these are some of the subjects treated of, and they are presented in a way to make them attractive to every fireside.

The book ought to be found in every family circle where there are young minds to be interested in the study of physical science. Dr. Nichols is master of the subjects of which he treats, and knows how to exhibit them in the best light. Readers of all ages and every class will derive pleasure and instruction from this volume, which, besides its substantial scientific merits, is one of great beauty.

Address: By Dr. P. O. HOOPER, President of the Arkansas State Medical Association. Pamphlet.

We have already made favorable mention of this address, and of the transactions of the society before which it was delivered. We believed the views of the president, Dr. Hooper, would attract attention; and we are glad to state that the signal officer of the Government has seconded the very valuable suggestion of Dr. H. concerning climatology. It is understood that the Secretary of War favors the increase of the force necessary to carry out our author's views, and in his report to Congress will endeavor to secure the necessary appropriation. As Dr. H. has very justly remarked, this matter of the climatology and diseases of each section "is an object worthy the attention and undertaking of a great government;" and he proposes that reports of these be consolidated and published under the direction of the surgeon-general of the army for the use of scientific medical men; and that the operations of the "signal corps" be so extended as to embrace every portion of the Union; that a station be located at the capital of every state and territory, and at other advisable places, from which shall be sent daily reports by telegraph, to the Federal capital, of the temperature, weather, currents of wind, ozonic state of the atmosphere, and everything of scientific interest to the physician and physicist.

Clinic of the Month.

HYPODERMIC MORPHIA IN TRAUMATIC ERYSIPELAS.—Prof. Estlander, of Helsingfors, states that he employed this injection originally in his clinical practice, in combination with the so-called abortive treatment (chiefly by means of tincture of iodine), mainly with the view of relieving the heat, tension, and pain of the inflamed skin. It was soon found, however, that the morphia must have exerted other effects also, so quickly was the course of the disease mitigated. It was therefore used in a series of cases as the sole local remedy, and the conviction became established that it must have exerted a direct influence on the inflammatory process, diminishing its intensity and arresting its progress. When the limits between the inflamed and healthy portions of the skin are not very clearly defined, and the process manifests itself in the form of large red spots gradually approaching each other, if we inject near the affected parts we usually find next day that the erysipelas has not extended farther, or has done so only to an insignificant extent. In cases in which the limits of the reddened and swollen skin are well marked, if we make some injections in its vicinity, we may find that the inflammatory process, which during the preceding twenty-four hours had made considerable progress, is sometimes at once arrested; but more frequently it continues in a diminished degree, gradually yielding in the course of a few days to a continuation of the treatment.

In the worst cases of erysipelas ambulans, as in the severe epidemic form, or where a peculiar disposition of the individual prevails, the morphia exerts as little effect as any other of the

so-termed abortive remedies. In estimating how far the results depend upon the peculiar nature of the erysipelas itself, and how much they are ascribed to the injections, Prof. Estlander has undertaken many comparative trials, and he could relate many cases in which, while a rapid improvement followed the use of morphia, other cases treated at the same time, either expectantly or by means of other remedies, were much slower in their progress. Still he is too well aware of the capricious character of erysipelas to venture to deliver any categorical judgment upon the subject; but a five-years' experience has convinced him that these injections constitute a better mode of treating erysipelas than many other means.

For the injections, two grains of the chlorate or acetate of morphia are dissolved in a drachm of water; and as Luer's syringe holds about a quarter of a drachm, of which a quarter or a half is injected, it follows that the dose varies from one eighth to one quarter of a grain. As, so far from the erysipelas ever appearing at the small puncture wounds, these and their immediate vicinity are always represented by it, the dose may be distributed over different parts of the healthy skin, at a distance of one or two inches from the limits of the inflammation. Usually the injection is made only once in the twenty-four hours.

Prof. Estlander has no intention of proposing this as an exclusive method of treating erysipelas, believing, on the contrary, that one of its advantages is that it admits of the simultaneous use of other means. He has tried, indeed, all the various other remedies which have been recommended, and regards the tincture of iodine as the best of these. As soon as from shivering and the appearance of the wound erysipelas seems threatening, he administers an emetic, a means which he believes is nowadays too much neglected, and one which he believes conduces to moderation of the disease. The morphia is next injected, either as the sole means or in conjunction with a daily painting with iodine, employing after-

ward wadding and compression by a roller where practicable. Ipecacuanha, with phosphoric or sulphuric acid, may afterward be administered. The sesquichloride of iron, once regarded as a specific, is of no real utility. (*Deutsche Klinik.*)

THE RATIONAL TREATMENT OF THE ACUTE EXANTHEMATA, AND ESPECIALLY MEASLES AND SCARLET FEVER.—The following *résumé* of an article by Dr. Ottmar Hofmann, of Markstett, we copy from the Practitioner. The first and most important requirement, he says, "of a rational treatment of any disease consists in the removal of its causes. Unfortunately in the case of many diseases this is impracticable, either from our not being acquainted with the nature of the cause, or that the cause is due to certain conditions of the life of the patient, from which it is impossible to withdraw him. In such cases we must rest contented with an expectant line of treatment, or treat symptoms as they arise. The advance of science, however, is continually enabling us, by improving our knowledge of the causes of disease, to treat it in a truly rational manner. Thus the carefully made and important researches of Prof. Hallier into the nature of the contagions of infectious diseases, so long obscure, have clearly shown that they are of a vegetable nature, and indeed are true fungi, which, by their introduction into the body and subsequent multiplication, generate the diseases in question." Dr. Hofmann forbears to enter into a consideration of the prophylaxis of measles and scarlet fever, considering this to be a matter of medical policy, and to consist essentially in the purification of dwelling-houses and the removal of all excrementitious matters which form the fruitful soil for the generation of these fungi. In all cases he supposes the disease to be present, and the practitioner has to deal with the parasitic organisms after they have gained entrance into the body. Now, in such case it is necessary either to render these parasites harmless by the administration of certain remedies which are capable of killing them, or we

must seek to eliminate them from the body as soon as possible. The treatment of these affections by means of the most varied remedies has demonstrated satisfactorily enough that we know of no remedies capable of neutralizing the poison of measles or of scarlet fever—that is to say, of killing the cells of the fungi; and even if, as the beautiful researches of Binz appear to show, we possess in quinine a substance capable of exerting a favorable influence on the acute exanthemata similar to that which it has been demonstrated to have in typhus, still it can scarcely be administered in doses sufficiently large, especially in children, to destroy the life of the fungi, as Binz himself admits, while the somnolence of the patients in the severer cases, which most resemble typhus, renders the introduction of the medicine quite impossible. On these grounds it seems desirable to adopt the other plan, and to promote the discharge of the fungi from the system as rapidly as possible. With this object in view, the plan of the late Dr. J. Steinbacher, of lowering the temperature of the body—that, namely, of rolling the patient up in sheets wrung out of cold water, and surrounded by a woolen cover or dry sheet—in which condition he is allowed to remain for some time. The first effect of this proceeding is to powerfully excite the whole nervous system. Heat is withdrawn from the body in proportion as the temperature of the skin and that of the wet cloth approximate, and this again leads to a steady flow of the internal temperature toward the skin. If the body remain enveloped for a still longer period, so that the temperatures of the body and of the cloth have become equalized, a more or less abundant excretion of sweat occurs as a result of the cutaneous hyperæmia. On this increased excretion of sweat Steinbacher lays special stress, contending that by its means the special poison of the disease is eliminated from the body. In order to determine whether this supposition be correct, M. Hofmann treated a child of four years of age, suffering from a severe attack of measles, in the hydropathic fashion, but

placed upon its chest a fine piece of linen; and after the child had lain for two hours in the wet cloth, and had perspired freely, the piece of linen was removed, and the sweat expressed from it received into small tubules. These were transmitted to M. Hallier at Jena, with a request that he would examine them and report on the presence of micrococcus. The reply was that the micrococcus was abundant in the fluid; and Prof. Hallier at once instituted experiments, the results of which are not yet published, to determine whether this micrococcus will propagate the disease of measles. If this be found to be the fact, it will tend to show that the hydropathic plan of treatment is well adapted for the rapid removal from the body of the parasitic organisms. M. Hofmann states that he has adopted this method of treatment with good results in many severe cases of measles and scarlet fever, even when the patients were in the first instance comatose; and has observed not only that the febrile symptoms are rapidly subdued, but that the convalescence of the patients is much quicker than under other plans of treatment. The particular mode in which M. Hofmann applies the wet cloths is perhaps worthy of being here inserted. In those slighter cases, he says, in which the temperature of the body measured *in ano* does not exceed 40° C., and the brain is clear, he envelops the patient only from the axilla to the hips in the wet cloth, which is thus applied. The patient is made to sit up, and a folded towel is spread across the bed behind the back; an equally broad and long soft linen cloth, folded six or eight times and wrung out of cold water, is placed on this, and is again covered by a fine piece of cambric or muslin. The patient is then told to lie back, and the cloth is folded as close round the patient as possible and secured by a bandage. The dry cambric next the skin is only to prevent the disagreeable impression of cold, and children make no complaint. The patient is retained in the wraps for one or two hours, according to the temperature, and they are then reapplied, freshly dipped in cold water; and

this is applied till the temperature of the body falls to 38° or 38.5° C., which usually happens in from two to four days. He then directs the patient to use a warm bath daily to promote desquamation, and considers him well in about eight days. In more severe cases, where the temperature of the body rises above 40° C., and comatose symptoms are present, he envelops the patient in from two to four wet cloths, and covers these with wool. In the early period they are only allowed to remain on for fifteen or thirty minutes, and are then renewed after the lapse of one or two hours. Subsequently, in order to promote perspiration, they are allowed to remain longer in the cloths—that is to say, for one or two hours—and they are applied less frequently, as from two to three times daily. As often as the patient is removed from his envelopes, in order to maintain the cooling effect, the whole body is sponged freely with cold water, or, if the comatose symptoms are well marked, he is placed in a bath of lukewarm water, and cold water poured over him till slight shivering is induced. He is then quickly removed to bed, and as soon as the temperature has again risen the whole procedure is repeated. As the febrile symptoms diminish, the method of partial investment above described is adopted. A good deal in respect to the temperature of the water in which the cloths are dipped, the length of time and the frequency with which they are applied, must necessarily depend upon the age and strength of the patient, the degree of the fever, and the discrimination of the medical attendant; while judicious medicamentation (though but little of this is required in slight and uncomplicated attacks of measles and scarlet fever) is in some cases a very necessary adjunct to the hydropathic plan of treatment.

INDICATIONS FOR EMPLOYMENT OF THE CATHETER IN OLD PEOPLE.—M. Guyon, of Hôpital Necker, lately remarked that retention of the urine is very common in old men, depending

generally on affections of the bladder, or of the neck of the bladder, or of the prostate. Many cases of supposed vesical paralysis are in reality due to prostatic disease. Retention of urine in old people displays itself by symptoms that are eminently variable. Sometimes these symptoms are strongly marked: the patients require to micturate frequently, and in doing so experience pain and burning heat which lasts for a long time; there may even be constitutional and febrile symptoms. In other instances, again, the symptoms are by no means prominent, especially in those cases where the bladder is but little contractile; the retention is then only indicated by percussion, palpation, and catheterism, the latter alone in many cases being reliable evidence of its presence. But this indication that catheterism should be adopted as an exploratory means is somewhat delicate; for the operation is not always inoffensive, and the patient suffering but little, subsequent troubles may be attributed by the patient or by his friends to the injudicious interference of the surgeon. If, however, the symptoms be well marked, then there is no room for hesitation; and M. Guyon even goes so far as to say that the catheter should be passed in the case of every old man who evacuates the contents of his bladder imperfectly. He thinks that it is not necessary it should enter the organ on the first occasion, since, if only introduced as far as the neck, it habituates the tissues to the contact of instruments, and indicates, in part at least, the seat of the disease. Stoppage of the flow of water is always a serious symptom in old people; and the best advice that can be given to them is to be sounded, either with a simple sound or with a catheter, and that frequently. Indeed, if relief be not speedily afforded to such patients, dangerous symptoms soon make their appearance in the form of rigors, purulent urine, and violent reaction.

Purely medical treatment is of no service in such cases, and he gives an instance in point. In 1869, in the month

of September, M. Guyon had in his wards a man, aged forty-eight, who, after having been treated by ordinary remedies and by rest, left the hospital, but returned in January, 1870. He was now suffering from orchitis and distinct enlargement of the prostate; he passed water frequently; the urine was thick, but was voided in sufficient quantities to lead to the belief that the bladder was thoroughly emptied. On the 1st of February there was some fever present, and on the catheter being introduced about four ounces of urine were drawn off, and on a second occasion about six ounces. He was sounded four times, and then told to sound himself. No other treatment was adopted. On the 7th the urine was clear yellow, and on the 15th he was able to remain five hours without urinating. Catheterism, practiced in his case twice a day, caused no return of the epididymitis. In another case, occurring in a dyspeptic subject, all the symptoms of cystitis were present. For a long time M. Guyon hesitated to sound him, and for two months he was treated medicinally without effect. At length he was catheterized, and the urine drawn off. The symptoms immediately diminished in intensity, and from this moment the urine, which had up to that time been troubled and imperfectly discharged, became limpid and even entirely evacuated. A third patient passed blood, and was obliged to remain in the recumbent position. After careful exploration, M. Guyon recognized the existence of retention of urine, and passed a catheter. From this time all the symptoms of stone of which the patient complained disappeared. Thus not only the stoppage of the flow of water occasions grave accidents, but it simulates other diseases; it causes alterations of the walls of the bladder, and provokes cystitis. When the bladder is greatly distended, however, it is imprudent to evacuate it completely. The frequency with which catheterism should be repeated is an important question. No absolute rule can be laid down, but it may be performed every five hours; but commonly the instrument should only be passed when there

is intense desire to urinate. If, however, he experience but little or no inconvenience, it should be passed at regular intervals. As a rule, the permanent retention of the catheter in the bladder is to be avoided, except perhaps in cases where the desire to pass water is very intense and frequent, or when the introduction of a catheter is very difficult. M. Guyon cites a case where it was worn for two years. It should in general be fixed in position till the bladder is habituated to catheterism. As adjuvants to the above treatment, injections may be employed, which may be hot, cold, or medicamented, as occasion may require. (*Lucas-Championnière's Journal de Médecine—Ibid.*)

TREATMENT OF SCROFULOUS ANGINÆ.—In an article (*ibid.*) on the diagnosis and treatment of scrofulous angina by Dr. E. Isambert, of Paris, who has devoted himself especially to the study of throat diseases, we find the following summary of the treatment: 1. Abstinence from a mercurial treatment, or where there exists a positive mixture of syphilis and scrofula a careful employment of that treatment, alternating with considerable periods of rest, during which iodide of potassium or of iron may be employed. 2. Speedy employment of the general treatment of scrofula: cod-liver oil in large doses, iodide of iron, cinchona, wine, tonic nutriment, exercise in the open air, sulphurous baths. 3. Persevering employment of local treatment by means of the laryngeal sponge, tincture of iron, either pure or mixed with opium. The ethereal tincture of iodoform, chloride of zinc, or concentrated chromic acid, may be applied to the diseased surface. Chromic acid is admirably borne by the mucous membrane of the mouth, pharynx, and even larynx. It exerts a highly powerful action in cedema of the glottis in strongly astringing the membrane, and thus warding off the need of tracheotomy. Perchloride of iron has been employed especially in cases of bleeding ulcers. Nitrate of silver does not seem to be of much benefit

unless when applied with the object of hastening the cicatrization when already in good progress. Various powders may be blown upon the surface, especially iodoform powder mixed with lycopodium. Local douches made with the irrigator may be very useful, and exert an anodyne action in painful cases. In respect to pulverized fluids, he considers their effects to be insufficient in such grave lesions. The most important point of all is to form as early as possible a correct diagnosis, so as to institute a rational treatment, and avoid hesitation, loss of time, and above all weakening measures, which are absolutely contra-indicated.

SKIN-GRAFTING.—G. E. Legge Pearse, Esq., one of the surgeons of the Westminster Hospital, London, advocates (*ibid.*) the use of larger pieces of skin for transplanting than recommended by Mr. Pollock and others. He says he has generally noticed that when the particles of skin are so very small that, especially in cases where there is copious secretion of pus, they are liable to be washed away, that adhesion is not so likely to take place, and that the operation, though performed with great care, is often of no avail. He has therefore of late found it better to take small elliptical pieces of skin, about half an inch in length by one third in breadth, by pinching it up with dissecting forceps, and snipping it off with the scissors; the piece not consisting of the whole thickness of the skin, so that there may be no bleeding from the part whence it is removed. The little white tender spots from which the skin has been taken he usually touches over with collodion, and in a few days they are quite well. The portions of skin are laid on the healthy granulating surface, care being taken that no blood or pus intervenes; a piece of gold-beater's skin is then laid over the wound to exclude the air and retain the fragments in position, as recommended by Mr. Pollock. He finds great advantage in covering this with a piece of lint spread with simple ointment, as the greasy application mate-

rially assists in the removal of the dressings, preventing them from adhering to the surface of the wound, and so tearing off the pieces of new skin, an unfortunate result which he has more than once observed.

IODIDE OF POTASSIUM IN SYPHILIS.—In the *All. Wien. Med. Zeit.*, Dr. Kraus speaks on this subject as follows: "If the circumstances of the patient, and especially the condition of his digestive organs, do not permit, or he be of a scrofulous or tubercular diathesis, so as not to be fit for mercurial treatment, or if he be anæmic, or mercury have already been tried in vain, then preparations of iodine, such as iodide of potassium, syrup of the iodide of iron, or iodized cod-liver oil, are admirable remedies in bringing even severe symptoms to a safe termination. These preparations also assist in old cases the methods of mercurial treatment already detailed. Of altogether remarkable service is iodide of potassium in syphilitic periostitis, tophi, and gummata, or knotty infiltrations of the skin or mucous membrane, in ulcers which resemble lupus, and in visceral syphilis, as also in hereditary syphilis in grown-up persons." It can not, however, be denied, says Kraus, that these same symptoms may disappear under the influence of a careful use of the inunction cure. He has recently seen several cases of hereditary syphilis, which had been treated for months with the iodide without success, which gave way in the most notable way to inunction cure. He cites, among others, the case of a girl of twenty-five years of age, who was affected with hereditary syphilis in the form of knotty ulcerated spots on the skin of the left ankle. She was treated with iodide of potassium in vain. The ulcers were, in spite of caustics and careful dressing, only made to heal eventually when the girl was put under the inunction cure. It is remarkable that these gummata are not seldom the only appearance of hereditary lues. A few years ago he saw a lady of about thirty-two years of age who for five years

had suffered from an ulcerated gummy tumor on the left ankle, and been treated by all kinds of remedies in vain. After thirty-six inunctions the ulcer was healed, and she became stronger in health. The formulas used by Dr. Kraus are three grammes of iodide to 156 grammes of water; dose, two table-spoonfuls twice daily. Cod-oil, 150 grammes, to which is added .05 grammes of pure iodine; a table-spoonful thrice daily. Hebra gives the iodide in doses of one gramme daily, raising this .25 every week until 1.50 grammes a day are taken, and then the dose is lessened again.

Sulphur baths are injurious, says Kraus, in early syphilis. They are only useful in syphilitic and mercurial cachexia. Hydropathy will not cure true syphilitic eruptions; but in cases where syphilis is quelled it does good to the general nutrition, and is useful in mercurial cachexia. A mild methodic water-cure often does much good in syphilis of the brain and spinal-cord, accompanied by paralysis; but iodine and its preparations should also be used. All rational hydropathic physicians are accustomed to treat their patients in this way, and Dr. Winternitz, of Austria, has admirable results in such cases. Sea-bathing is useful in syphilitic bone disease. Syphilization has been everywhere abandoned as a remedy for syphilis.

THE PRACTICAL VALUE OF NITRITE OF AMYL.—Mr. Townsend, president of the Bristol Pharmaceutical Society, said, in his recent address before that body, in reference to the uses of the nitrite of amyl: "Its peculiar physiological power of checking oxidation and lowering temperature suggests its use in fevers, when it is desirable to lessen the rapidity of the tissue changes. Its action upon the nervous and circulatory systems would, however, very possibly do more harm in a low fever than its other powers would do good. I have, however, no clinical evidence to offer, and therefore the matter must be left as a simple suggestion. There is one disease in which

theoretically it ought to be of great value; *i. e.*, tetanus. There is scarcely any doubt but that there exists in that affection a condition of exalted functional activity of the reflex motor centers, and of these centers the nitrate is a powerful depressant. Moreover, in many cases of tetanus there is an enormous rise in the activity of oxidation, and consequently of temperature of the body, so that the nitrite would meet a second indication. Clinical evidence also is not altogether wanting, and, although not enough to warrant any conclusion, is sufficient to encourage further trials. In regard to the method of administration, I am not aware that the nitrite has been given otherwise than by inhalation. Its totally insoluble and highly volatile nature renders it unfit for exhibition either in solution or mixture, but I do not see why it could not be given dropped upon a piece of sugar. In cases of tetanus it seems plausible that the remedy would be more efficient if given by the stomach in frequent small doses. When it is to be inhaled, five drops should be placed upon a handkerchief and held close to the nostrils, the pulse being closely watched and taken as a guide for the continuance or withdrawal of the drug. If necessary, the dose should be repeated. When giving it by the stomach I do not think it would be safe to start with more than two drops, until the effects of the medicine so administered have been more studied than at present. Nitrite of amyl is without doubt a powerful agent in its action on the economy, and yet my experience with it on animals would seem to show that with proper care, and a due understanding of its physiological action, it is a safe remedy. By this is meant that it does not act unexpectedly and out of proportion to the dose. I have never seen indications of anything such as constantly happens in the use of chloroform upon dogs: sudden arrest of the heart's action, unexpected death, the mysterious production of symptoms apparently out of proportion to the amount given. On the other hand, I have frequently been astonished at the ease with which very

serious symptoms have been shaken off, the animal reacting rapidly from a condition on the very border lines of death."

THE SIGNIFICANCE OF UTERINE AND VAGINAL DISCHARGES. In a recent clinical lecture (London Lancet) on this subject, by Dr. Robert Barnes, that distinguished authority divides the discharges after their excretion as follows: 1. Sanguineous; 2. Mucous; 3. Purulent; 4. Watery; 5. Membranous; 6. Solid or fleshy; 7. In the case of fistulous openings into the bladder or rectum, urine or fæces may escape. 8. Then there are foreign matters, fluid or solid, which find their way into the uterus and vagina from without. Among these may be mentioned semen distinguished by spermatozoa.

He then says of all the discharges, the only one which can be called strictly normal is blood; and this is only normal within certain conditions of circumstance, time, and quantity. Previous histological study will lend the most material aid to direct observation in determining the sources and significance of discharges. We may start from the proposition that, with one or two rare exceptions, all the discharges we have to deal with come from mucous membrane, or at least from organs normally clothed by mucous membrane. The discharges will generally bring with them some of the distinctive elements of the part of the mucous tract from which they are secreted. Hence microscopical examination of a discharge will almost always reveal epithelium-cells, which tell their own tale as to the region they come from. In this way we can distinguish uterine mucus from vaginal. The whole genital tract secretes mucus. It is only when excessive in quantity or altered in quality that the secretion of mucus acquires a pathological significance.

The natural mucous secretions are: 1. A whitish mucus from the Fallopian tubes and cavity of the uterus proper. This probably comes principally from the uterine glands. It has an alkaline reaction. It is distinguished under the micro-

scope by the presence in it of columnar ciliated epithelium-cells. In health this secretion is moderate in quantity, and attracts no attention; but in the condition known as uterine catarrh it is very abundant; sometimes, especially in aged women, accumulating in the uterine cavity, and causing colic pains to expel it. The uterine mucous membrane may also be stimulated to excessive secretion by gonorrheal infection spreading from the vagina. 2. A transparent viscid mucus in the cervix uteri. This is also alkaline. It consists chiefly of mucous corpuscles, caudate corpuscles, minute oil-globules, and occasionally dentated epithelium, all entangled in a thick tenacious plasma. In health this secretion is rarely formed in such excess as to appear externally, but it is almost always found in the cervix filling up the canal. The mucous plug thus formed is washed away at each menstrual flow. It exists generally throughout pregnancy. Its uses are probably to shut off the uterine cavity, so as to protect it from external agencies, and to form a suitable medium for the passage of the spermatozoa. At the beginning of labor this secretion is formed in increased copiousness, and serves to lubricate the passages and to facilitate their dilatation. In certain morbid conditions the cervical glandular structure also acquires extraordinary activity, and then the proper cervical mucus assumes the character of a *discharge*. It is poured in large quantity into the vagina; so freely indeed as to be a serious drain upon the system, and a source of weakness. It constitutes the most frequent form of so-called "whites" or leucorrhœa. If the speculum be used, it may be seen issuing from the os uteri as a glairy, albuminous fluid, resembling unboiled white of egg. This exaggerated secretion is almost always the consequence of inflammation, more or less acute, of the cervical canal, endocervicitis, or of a condition analogous to catarrh of the bronchial or intestinal mucous membrane. 3. A mucus consisting of plasma, not viscid, but containing multitudes of scaly epithelium-cells. This comes mainly from the external

surface of the cervix uteri, labia uteri, and the fundus of the vagina. It is of acid reaction. The proportion of epithelial cells to that of the fluid plasma varies considerably. In some cases the fluid part is so scanty that the secretion adheres to the mucous membrane, covering the os uteri as with flakes, or a layer of opaque yellowish-white friable membranous-looking substance, simulating and suggesting diphtheria. Under the microscope this is found to consist almost entirely of scaly epithelium and oil-globules. In other cases, the plasma being a little more abundant, the secretion looks like cream or pus; but in these cases the microscope reveals the same constituents; namely, scales of epithelium. These forms of secretion depend upon chronic or subacute inflammation of the mucous membrane, vaginitis, not necessarily accompanied with abrasion or ulceration. The puriform mucus, more or less opaque and viscid, varying in tinge from creamy-white to yellowish or light green, is often due to gonorrheal infection, or to suppuration from surfaces denuded of epithelium and granulating. When due to gonorrheal infection, the mucous membrane from os uteri to vulva is swollen, angry-red, and painful, and the meatus urinarius partakes of the same character. The creamy form of secretion is frequently found during pregnancy on the vaginal portion of the uterus. It is the result of the active throwing off of squamous epithelium due to hyperæmia. 4. The remaining or lower tract of the vagina secretes an acid mucus. Under morbid states this sometimes contains pus-globules, an infusorium, the *Trichomonas vaginalis* of Donné, and a fungus, the *Leptothryx buccalis* of Robin. But these parasites are really mainly due to neglect of cleanliness. Whitehead suggests that the use of the acid of the vaginal mucus is to prevent the coagulation of the catamenial fluid in the vagina. It certainly seems to possess the property of coagulating the alkaline mucus coming from the cervix. I doubt the correctness of Whitehead's theory. It is important that the blood should not coagulate

in the uterus, because clots there cause severe pain and congestion, and are apt to keep up hemorrhage; but a clot in the vagina is of little consequence. Pus stops coagulation; so does mucus, provided the proportion of blood is small. I believe it is the normal mucus which maintains fluidity. Whenever the proportion of blood is greatly in excess it is apt to coagulate. 5. There is a clear viscid secretion from Bartholini's glands, which is discharged in jets during copulation. It has been seen to escape on irritation, expelled by the action of the muscular fibers in the ducts. It is also poured out freely during labor, serving to lubricate the vulva. 6. The small sebaceous and mucous glands of the vulva and labia majora secrete an oily mucus serving for lubrication. This is sometimes increased in quantity, becoming puriform.

We may here refer very briefly to one or two other points connected with the mucous discharges. Donn  says when the acidity of the vaginal mucus, or the alkalinity of the uterine secretion, is morbidly exaggerated, the spermatozoa are killed. Hence one explanation of the frequency of sterility when there is inflammatory disease of these parts, and of the recurrence of pregnancy when the disease which gives rise to the morbid secretions is cured.

There is a form of leucorrh a not uncommon in scrofulous children. In such subjects all the mucous membranes are apt to be excessively developed and active. The discharge is chiefly, if not entirely, vaginal and vulval. It is important to bear in mind these sources of leucorrh a in children, lest we fall into unfounded suspicions that may be suggested to us by others.

Many discharges which to the naked eye can not be distinguished from pus are really mucus. The microscope discriminates them easily. The distinction is important, because it is generally true that the unbroken mucous membrane of the genital tract does not yield pus. When true pus appears, it is therefore mostly an indication of erosion,

ulceration, or abscess. The matter is found to be only epithelium, though it may have a thoroughly purulent appearance. The intestinal mucous membrane rarely produces pus without ulceration. The mucous membrane of the uterine tubes, which is often covered with a thick mass of entirely puriform appearance, shows almost always only epithelial elements. On other mucous membranes—the urethra, for example—we observe copious discharges of pus, without the least ulceration.

The purulent discharges. When pus-globules in large proportion are found, they indicate generally a breach of continuity of the mucous surface; that is, a granulating or ulcerated surface. When pus escapes in quantities, suddenly at intervals, and sometimes by continuous draining, the source probably is an abscess whose seat is outside the uterus or vagina, as in what is called pelvic cellulitis, opening into the vagina. In such a case examination by touch internally, and externally in the iliac regions, will reveal the extrauterine disease. The uterus will be felt set fast by surrounding firm plastic effusion. The os uteri will generally be found in the center of the pelvis, low down, or inclined to one side, if the pelvic peritonitis is chiefly unilateral. This position of the os uteri distinguishes pelvic peritonitis from retrouterine hematocoele, which pushes the os uteri forward, close behind, and sometimes above, the symphysis pubis, and which may also be attended by suppuration.

I have now under my care a case in which pus is voided by the vagina, the origin of which is an abscess in the left hypochondriac region opening into the intestine, and which at a lower part has formed a fistulous communication with the vagina. You thus see how numerous and strange are the sources of pus in the vagina, and that a purulent discharge is no sure evidence of disease of the uterus or vagina. Your exploration must extend beyond these organs.

Notes and Queries.

EXTRAORDINARY FECUNDITY.—Dr. Edward Mason reported at a late meeting of the Elmore Medical and Surgical Society, Wetumpka, Ala., a case in which “a lady bore seventeen children in nineteen years, twice giving birth to twins,” and once producing four children at a birth. The latter died, but all the other thirteen survived.

QUININE AS AN ABORTIVE.—At the same meeting Dr. L. S. Green reported some cases in which he was satisfied that sulphate of quinine had induced abortion. To guard against such an accident, he combines opium with the quinine.

ALUMNI SOCIETIES.—The graduates of the Missouri Medical College have resolved to add another to the number of these commendable associations. Those who have inaugurated the movement hope that the society will embrace in time every living graduate of the institution. Its first meeting and banquet will take place in St. Louis on the 6th of this month. We had hoped before now to see an alumni society of the University of Louisville. When will its pupils, counted now by thousands, move in the matter?

KENTUCKY STATE MEDICAL SOCIETY.—The time for the meeting of this Society is the first Tuesday in April, and the place Louisville. A full and spirited meeting is expected. Delegates will be at the meeting from the medical societies of Ohio and Indiana, and perhaps other states. The profession of Kentucky owes it to itself to turn out in force. Louisville will be largely represented at the meeting.

NEW ELIXIRS.—The following has been furnished by that excellent pharmacist, Dr. Thos. E. Jenkins. We commend the new elixirs as being superior to the syrups recommended by Dr. Richardson, of London, and which have been for some time in use in this city:

"We are now making the following new preparations, namely: Elixirs of bromide of quinine, bromide of morphine, bromide of quinine and morphine, bromide of strychnine, bromide of quinine and strychnine, bromide of iron, bromide of quinine and iron, bromide of calcium; average dose, one tea-spoonful. These preparations are very carefully made, and contain no sulphates. They are rendered very much more palatable than the syrups, and are better tolerated by the stomach.

JENKINS & WALKER."

NATIONAL MEDICAL JOURNAL.—The February number of this able journal contains the following card from its editors, Drs. Busey and Lee:

"The proprietors and publishers having claimed the right to publish matter which the editors did not approve, the undersigned have withdrawn from any further connection with the editorial department of the journal. They are not responsible for any article in this number which appears after the essay, by Dr. Mackall, on cerebro-spinal meningitis."

It is to be hoped that the difficulty between the editors and publishers of our valuable cotemporary will be adjusted, and its publication under its former excellent management at once resumed.

AMERICAN MEDICAL ASSOCIATION.

ANNUAL MEETING.—The twenty-third annual session of the Association will be held in Philadelphia, May 7, 1872, at eleven o'clock A. M. Reports will be made by committees on subjects specially assigned, and other business will be transacted as in previous sessions. Physicians desiring to present papers before the Association should observe the following rules:

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the secretary to whom such papers are sent to examine them with care, and, with the advice of the chairman of his section, to determine the time and order of their presentation, and give due notice of the same."

The following are the secretaries of sections: *Chemistry and Materia Medica*—Ephraim Cutter, Boston; *Practice of Medicine and Obstetrics*—Benjamin F. Dawson, New York; *Surgery and Anatomy*—W. F. Peck, Davenport, Ia.; *Medical Jurisprudence, Hygiene, and Physiology*—E. L. Howard, Baltimore; *Psychology*—John Curwen, Harrisburg. Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the permanent secretary. Other information can be obtained of the permanent secretary, Dr. W. B. Atkinson, 1400 Pine Street, Philadelphia. Railroad and hotel arrangements announced at an early day.

AN ANNUAL EXHIBITION FOR THE PHILADELPHIA MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The undersigned, Chairman and Secretary of the Committee of Arrangements of the American Medical Association, have been authorized to invite attention to the project of an exhibition of objects interesting to the medical profession, to be held in Philadelphia during the next session of the Association. This exhibition has been suggested as a desirable amplification of what has been customary on these occasions, and is expected to resemble, more or less, the displays of this kind which are the prominent features of the annual meetings of the British Medical Association.

The aim of the committee will be, in this attempt, to provide for the practical and scientific entertainment of the members of the Association. Their design is to form a collection of instruments, apparatus, specimens, preparations, models, drawings, plates, books, and all other proper

objects that may be obtained or presented in good time for the purpose; and so to arrange it for exhibition as to bring it under the convenient observation of every delegate and professional visitor. They hope in this manner, without any sacrifice of the usual regard for their guests, to give to the arrangements as much of a professional character as may be in their power. Their desire is to aid in advancing the practical interests of the Association by affording, through an always useful channel, some more direct means, as well as signs, of technical and scientific progress, as an attractive addition to the ordinary routine of written and verbal communications and discussions.

They can not promise much success in a first experiment, undertaken at unavoidably short notice, beyond that of the pioneer in preparing the way for something better in the future, in the light of experience, and with more time and opportunity for concerted action. The original intention was not to venture beyond Philadelphia and the neighboring cities in the search for material; a restriction which seemed to be required by the limited space at the disposal of the committee, and the consequently greater difficulty of selection from the larger number of objects likely to be offered in answer to a general call. Nor was it doubted that a notification of the contemplated arrangement to the societies and schools represented in the Association would obtain sufficient attention to secure at least one object of the committee in encouraging a general desire to develop and produce the largest amount of illustration, as well as evidence, of professional improvement. Further consideration, however, has led to the present announcement; so that exhibitors from more distant parts of the country may have an opportunity to send their contributions; mainly for the benefit, however, of the members of the Association, for whose especial information and entertainment the exhibition is to be prepared.

No mere display of local wealth and variety of means and

appliances, or of individual superiority, will be encouraged beyond what is entirely incidental to the general purpose; nor will there be any attempt on the part of the committee to present representative or historical collections, although such collections may be cordially welcomed. Competition and completeness, therefore, are not to be expected. No special reports or comparative statements need be looked for; nor will the committee be responsible for the merits or demerits of the several objects exhibited, although obliged to exercise control as to admission and location. Novelty, recentness, and practical character will necessarily have weight in determining precedence; but not at the expense of whatever may be deemed especially characteristic or interesting, whether old or new. In a word, under their limitation of time, space, and means, they can not undertake a general exposition or an industrial fair. Further and more specific details will be published as soon as practicable.

The committee confidently hope for encouragement and assistance in an early practical response from their professional brethren, and from others who may have objects of interest to offer. They are bound to remind all concerned, however, that the contemplated collection must of necessity be, as much as practicable, select and characteristic rather than varied and extensive. It ought to be comprehensive, but can hardly be very full.

EDWARD HARTSHORNE,
D. MURRAY CHESTON.

AMERICAN MEDICAL ASSOCIATION.—We extract the following from the Philadelphia Medical and Surgical Reporter:

“The arrangements for the meeting of the American Medical Association in this city, we are glad to learn, are progressing satisfactorily. Arrangements have been completed with all but one or two of our hotels for a decided reduction in the price of board per diem. Most of the railway and steamboat lines throughout the country will make a material reduction in their charges, some of

them giving return tickets free to those who hold a certificate from the permanent secretary. These certificates will be obtained of the secretary during the session of the Association.

"It is the wish of the Committee of Arrangements to make the approaching meeting a success in a literary and scientific point of view, and to this end it is hoped that volunteer papers of *real practical value* will be presented on various subjects by members of the profession from all sections of the country. There is no class of physicians who are more capable than many of our country practitioners of giving experiences and observations of value from every-day practice. Those who propose to send or bring papers should notify the permanent secretary, Dr. W. B. Atkinson, 1400 Pine Street, this city, as early as possible, giving title and probable length of paper, as ten, fifteen, twenty minutes, etc., as the case may be."

REUNION OF THE ALUMNI OF THE JEFFERSON MEDICAL COLLEGE.—The Alumni Association of the Jefferson Medical College proposes to hold a social reunion during the meeting of the American Medical Association in Philadelphia in June next. The alumni of the College are cordially invited to attend. Those who contemplate being present are requested to send their names and addresses to either of the undersigned secretaries.

J. EWING MEARS, M. D.,
222 South Sixteenth Street.

R. J. DUNGLISON, M. D.,
636 North Eighteenth Street.